

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025544

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

263

STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bonne Terre

Length of stay in 1b
1 day

c. CITY OR TOWN Farmington

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bonne Terre Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
610 Ste Genevieve

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Lindell

Middle T.

Last Currington

4. DATE OF DEATH

Month June

Day 25

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/3/14

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months

Days

Hours

IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miner

10b. KIND OF BUSINESS OR INDUSTRY

Lead Mines

11. BIRTHPLACE (City and state or country)

Flat River, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wallace Currington

13b. MOTHER'S MAIDEN NAME

Hattie Fitzwater

14. NAME OF HUSBAND OR WIFE

Kathryn Currington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

6

17. INFORMANT

Address

Kathryn Currington, Farmington, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 24/63 to June 25/63 and last saw him alive on June 24/63. Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

6/27/63

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

23d. LOCATION (City, town, or county)

Farmington

Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home Farmington, Missouri.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

June 24, 1963 Esther Gudloff

JUL 8 1963

1490
2090

3
1
0
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burt Dugal

Licensed Embalmer No. 4120

P. O. Address Farmingdale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.